



Bond Number:

Name of Obligee (Insured)		Effective Date	
Address	City	State	Zip Code
Name of Contact Person		Telephone Number	

Commercial Blanket Bond Coverage	<u>\$15,000</u>
Fees are \$10.00 per vendor.	

[illegible]

Bond Period: From the beginning of the _____ day of _____, 20____, to 12 o'clock night on the effective date of the cancelation or termination of this bond as an entirety.

Signature	Title
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Return the completed form to:
North Dakota State Bonding Fund
1701 S. 12th Street
Bismarck, ND 58504-6644
Telephone: 701-328-9600
FAX: 701-328-9610